PATENT APPLICATION FEE DETERMINATION RECORD

Effective-December 29, 1999

	U9.1, a000												
			AIMS AS FILED - PA (Column 1)			(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
FOR			NUMBE	RFILED		NUMBER E	XTRA	ſ	RATE	FEE		RATE	FEE
BASIC FEE								the state of the s		345.00	OR		690.00
то	TAL CLAIMS		minus 20=		20=	*			X\$ 9=		OR	X\$18=	•
IND	EPENDENT CL	AIMS	minus 3 =			*		l	X 39 =		OR	× 3 0 × 70 =	
MULTIPLE DEPENDENT CLAIM PRESENT							l	135 + 100 =	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OR	270 + 200 =		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	. •		
CLAIMS AS AMENDED - PART II								OTHER THAN					
ļ			umn 1) AIMS .	last and the second		Column 2) HIGHEST	(Column 3)	_	SMALL		OR I I	SMALL	
ENT A		REM AF	AIMS . AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	16	Minus	**	20	=		X\$ 9=		OH:	X\$18=	
AME	Independent	*	9	Minus	***	<u> </u>	=		X 30=		OR	X 78 =	
\vdash	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PENE	DENT CLAIM			135 + 130 =		OR	270 + 260 =	
	· .					٠		L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) (Column 2) (Column 3)					(Column 3)	_ ^	JJ11. T EE	-			
AMENDMENT B		REM Af	AIMS AINING TER IDMENT		·. Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
Ž.	Total	*	9	Minus	**	20	E		X\$ 9=		OR	X\$18=	
AME	Independent	*	2	Minus	***	· 3	=	1	X89=		OR	X78=	
	FIRST PRESE	NIAIK	ON OF MI	JUIPLE DEI	ENL	DENT CLAIM			135		OR'	126 9=	
								L	TOTAL DDIT. FEE			TOTAL ADDIT, FEE	
Ŀ			umn 1)		(C	Column 2)	(Column 3)				_		
ENT C		CL REM Af	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***		=		740 X 39 =	<u> </u>	OR	X 78 =	
<u> </u>	FIRST PRESE	NTATIO	ON OF M	JLTIPLE DEI	PEN	DENT CLAIM		 	1355 +1 30 =			270 + 26 0=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

	Application or Docket Number
ATENT APPLICATION FEE DETERMINATION RECORD	

PATENT APPLICATION FEE DETERMINATION RECORI Effective November 10, 1998

				70. 10, 1000					<u> </u>	
		CLAIMS	SMALI TYPE	L ENTITY	OR		R THAN ENTITY			
FC	OR .	NUM	MBER FILED	NUMBER	umn 2) I EXTRA	RATE		7	RATE	FEE
ВА	ASIC FEE						380.00	OR	100	760.00
то	TAL CLAIMS		M minus 2	20= *		X\$ 9=		OR		
IND	DEPENDENT CL	LAIMS	ر minus	3 = *		X39=	1	OR	V70	
MU	MULTIPLE DEPENDENT CLAIM PRESENT						+	1		<u> </u>
* If	the difference	in column 1	is less than ze	+130=		OR		 		
			S AMENDED			TOTAL		OR		760
		(Column 1	÷	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN	G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=	Ţ	OR	X\$18=	
AME	Independent	*	Minus	***]=	X39=		OR	X78=	-
_	FIRST PRESE	NTATION OF	MULTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
					•	TOTAL	 	┥┈╏	TOTAL	
ř.		(Calumn 1		(O-lumai 0)	(0-10)	ADDIT. FEE		OR ,	ADDIT. FEE	<u> </u>
		(Column 1 CLAIMS		(Column 2) HIGHEST	(Column 3)		T 4001	1 1		
AMENDMENT B		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
1	FIRST PHESE	NTATION OF	MULTIPLE DEP	PENDENT CLAIM		120	 	1 t		
						+130= TOTAL	<u> </u>	OR	+260= TOTAL	
	•					ADDIT. FEE		OR A	ADDIT. FEE	
1	- 25% s.	(Column 1))	(Column 2) HIGHEST	(Column 3)					
AMENDMENT C	Anna Maria Nasi	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=			X78=	*
	FIRST PRESE	NTATION OF I	MULTIPLE DEP	PENDENT CLAIM			 	OR		
* If	the entry in colur	mn 1 is loss than	a the entry in colu	mn 2, write "0" in col	t 0	+130=		OR	+260=	
** If	f the "Highest Nun	mber Previously	Paid For" IN THIS	S SPACE is less than S SPACE is less than	in 20. enter "20 "	TOTAL ADDIT. FEE		OR A	TOTAL ADDIT. FEE	
_	-,	. ,			ar of oritor o.					

FORM PTO-875

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.